(BPD)

Revision: HFCA-PM-91-4 August, 1991 Attachment 3.1-A Page 1 of 9 OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

In	patient	t hosp	oital services o	ther tha	n those provided in a	an instituti	ion for mental diseases.
	P	rovide	ed:		No limitations	X	With limitations*
a.	O	Outpa	tient hospital	services			
	P	rovide	ed:		No limitations	X	With limitations*
b.		tural linic.	health clinic	services	and other ambulato	ry service	s furnished by a rural heal
		X	Provided:		No limitations	X	With limitations*
			Not Provided				
c.			•				ther ambulatory services the accordance with §4231 of the
			Aedicaid Man	ual (HC	FA Pub.45-4).		
	S		1edicaid Man Provided:	ual (HC	FA Pub.45-4). No limitations	X	With limitations*
Ot	S	tate M			No limitations	X	With limitations*
Ot	S [] ther lat	tate M	Provided: ory and x-ray		No limitations	⊠	With limitations* With limitations*
Ot	S [] ther lat	tate M	Provided: ory and x-ray	services	No limitations		
Ot	S [] ther lat	tate M	Provided: ory and x-ray	services	No limitations		
Ot	S [] ther lat	tate M	Provided: ory and x-ray	services	No limitations		
	Sither lab	borato	Provided: ory and x-ray	services	No limitations		

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	of VIRC	GINIA				OMB No.: 0938-
	AMO	DUNT, DURATION, AND SC PROVIDED TO THE CA			AL CARE AN	ID SERVICES
4.	a.	Nursing facility services (21 years of age or older.	other than ser	vices in an institution	ı for mental d	liseases) for individuals
		Provided:	\boxtimes	No limitations		With limitations*
	b.	Early and periodic screen conditions found.*	ing and diagn	osis of individuals und	der 21 years (of age, and treatment o
	c.	Family planning services	and supplies fo	or individuals of child	l-bearing age	
		Provided:		No limitations	X	With limitations*
5.	a.	Physician's services wheth nursing facility or elsewhe		n the office, the patie	nt's home, a l	nospital, a skilled
		Provided:		No limitations	\boxtimes	With limitations*
	b.	Medical and surgical servi	ces furnished	by a dentist (in accor	dance with §	1905(a)(5)(B) of the
		Provided:		No limitations	X	With limitations*
ó.		cal care on any other type of i				shed by licensed
	a.	Podiatrists' services.				
		Provided:		No limitations	\boxtimes	With limitations*
		Not provided				
D	escription	n provided on attachment.				
TN No Supers TN No		-16 Approval Date _ -04	JAN 3 1 1	99 6	Effective D	ate 11-1-95

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

	AND K		THE CHIEF AND	<u> </u>				
	b.	Opto	metrists' service	es.				
		X	Provided:	X	With limitations*			
			Not provided		No limitations			
	c.	Chiro	practors' servic	es.				
			Provided:		With limitations*			
		X	Not provided		No limitations			
	d.	Other	r Practitioners'	services	•			
		(Ident	Provided: ified on attached	sheet w	Not provided rith description of limit	itations*)		
7.	Home	health	services.					
	a.		-		ursing service provi me health agency exi	-	9 •	or by a
		\boxtimes	Provided:		No limitations	X	With limitations*	
	b.	Home	e health aide ser	vices pr	ovided by a home he	alth agenc	y.	
		X	Provided:		No limitations	X	With limitations*	
	c.	Medi	cal supplies, equ	iipment	, and appliances suit	able for us	e in the home.	
		X	Provided:		No limitations	X	With limitations*	
• D	escriptio	n provi	ded on attachmer	nt.				
TN N		3-04		Approva	il Date 01/03/94		Effective Date	06/16/93
	sedes						-	
TN N	o. 9:	3-14					HCFA ID:	7986E

August, 1991

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Not provided \square

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	of VIRG				TION, AND SCOPE OF MEDICAL CES PROVIDED TO THE CATEGORICALLY NEEDY
	d.	-		-	nal therapy, or speech pathology and audiology services gency or medical rehabilitation facility.
		X	Provided:	X	With limitations*
			Not provided		No limitations
8.	Privat	e duty 1	nursing services	•	
			Provided:		With limitations*

No limitations

*	Descrip	tion provided on attachme	ent.			
TN	No.	93-04	Approval Date	01/03/94	Effective Date	06/16/93
Su	persedes		•		•	
TN	No.	N/A			HCFA ID:	7986E
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May, 1985

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	of	VΙ	D C	IN	IΛ
State	OI	VΙ	\mathcal{L}	11.1	1.7

Supersedes TN No. 87-17

	AMOU		RATION, AND SO DED TO THE CA			CAL AND REMEDIAL CARE AND SERVICES NEEDY
9.	Clinic s	ervices.				
	X	Provide	ed:	X	With Li	imitations*
		Not pro	vided		No Lim	itations
10.	Dental :	services.				
	X	Provide	ed:	X	With Li	mitations*
		Not pro	vided		No Lim	itations
11.	Physica	l therap	y and related serv	vices.		
	a.	Physica	al Therapy			
		\boxtimes	Provided:		\boxtimes	With Limitations*
			Not provided			No Limitations
	b.	Occupa	itional Therapy.			
		\boxtimes	Provided:		X	With Limitations*
			Not provided			No Limitations
	c.		s for individuals vision of a speech p			ing, and language disorders (provided by or under the liologist).
		\boxtimes	Provided:		\boxtimes	With Limitations*
			Not provided			No Limitations
	*Descrip	ption pro	vided on attachme	ent.		
TN No.	95-1	6		J.H	3 : 12	
Superse			Approval Dat	te 🛂 🗀	<u> </u>	Effective Date <u>11-1-95</u>

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Revision: HFCA-PM-88-10

50/078/500 TON HINO September, 1988.

STATE PLAS UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

VMOCAL, DURATION, AND SCOPE OF MEDICAL State of VRGINIA

No Limitations Not provided *enoitatimi.L dtiW Provided: |X| $|\mathbf{X}|$ Screening services. ·q No Limitations Not provided *snoitatimid dtiW [X]Provided: [X]Diagnostic services. provided elsewhere in this plan. (See Page 14 for diagnostic and other services.) Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those .EI No Limitations Not provided *snoitations* Provided: [X]XEyeglasses. .b No Limitations Not provided *enoitatimid ditW Provided: \times \times Prosthetic devices. .э No Limitations Not provided \Box \times *snoitations 4 Provided: Dentures. ·d Not provided No Limitations \Box *snoitatimiJ difW Provided: \times X Prescribed drugs. $\cdot \mathbf{E}$ Eyeglasses.) skilled in diseases of the eye or by an optometrist. (See Page 13 for Prescribed Drugs and Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician 15. VAD BENEDIVE CVBE VAD SEBAICES BROAIDED TO THE CATEGORICALLY MEDY

Description provided on attached sheet. See Supplement 1 to Attachments 3.1-A and 3.1-B.
No. 98-05 Approval Dat LC 1 4 1998 Effective Da ON NI

01/01/88 Effective Date

89-08

September, 1988

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY

NEE	DY									
13.	Oth	er diagn	ostic, screening, preve	ntive, rel	nabilitative services (Continued)					
	c.	Prev	Preventive services.							
		X	Provided:	X	With Limitations*					
			Not provided		No Limitations					
	d.	Reha	bilitative services. (Se	ee Page 9	, Home Health Services)					
		\boxtimes	Provided:	X	With Limitations*					
			Not provided		No Limitations					
14.			individuals age 65 or ices for persons over		nstitutions for mental diseases. (See Page 15					
	a.	Inpat	ient hospital services.		-					
		\boxtimes	Provided:		With Limitations*					
			Not provided	X	No Limitations					
	b.	Skille	ed nursing facility serv	vices.						
		\boxtimes	Provided:		With Limitations*					
			Not provided	X	No Limitations					
	c.	Inter	mediate care facility.							
		X	Provided:		With Limitations*					
			Not provided	X	No Limitations					
		on provide	ed on attached sheet. See	Suppleme	ent 1 to Attachments 3.1-A and 3.1-B.					
TNN		97-17	Appr	oval Date	MAR 1 2 1998 Effective Date 12/15/97					
Super TN N		89-08								

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL

15.	a.	disea	Intermediate care facility services (other than such services in an institution for mendiseases) for persons determined, in accordance with §1902(a)(31)(A) of the Act, to be need of such care.								
		X	Provided:			With Limitations*					
			Not provided			No Limitations					
	b.		ding such servic ded or persons v	_	-	nstitution (or distinct par ditions.	rt thereof) for the	e mentally			
		X	Provided:			With Limitations*					
			Not provided		X	No Limitations					
16.	Inpat	ient psy	chiatric facility	services	for ind	ividuals under 22 years o	f age.				
		Provided:			With I	Limitations*					
	X	Not p	rovided		No Lii	nitations					
17.	Nurse	-midwi	fe services								
	X	Provi	ded:	X	With I	Limitations*					
		Not p	rovided		No Li	nitations					
18.	Hospi	ice care	(in accordance	with §19	05(o) o	f the Act).					
	X	Provi	ded:		With I	Limitations*					
		Not p	rovided	X	No Li	mitations					
* D	escriptio	on provi 0-15	ded on attachmer	nt. Approval		08/13/90					

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

19.	Case	manager	nent and Tuberculo	sis related serv	vices	
	a.				and to the group specified in, th §1905(a)(19) or §1915(g)	
		\times	Provided:		Not Provided	▼ With limitations*
	b.	Specia	al tuberculosis (TB) r	elated services	under §1902(z)(2)(F) of the A	Act.
			Provided:	X	Not Provided	☐ With limitations*
20.	Exten	ded serv	ices to pregnant wor	men:		
	a.		ancy-related and po ning days in the mo			er the pregnancy ends and any
		\times	Provided ⁺ :	X	Additional Coverage ⁺⁺	See Supplement 3.
	b.	Servic	es for any other med	dical condition	s that may complicate preg	nancy.
		X	Provided ⁺ :		Additional Coverage ⁺⁺	
			otion of increases in c ny additional services		s beyond limitations for all gregnant women only.	roups described in the this
Descr	iption pr	ovided oi	n attachment.			
TNIN	95	16	Approval Date			

Supersedes TN No. 93-04

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	of VIRO	AMOUNT	•	TION, AND SCOPE OF CES PROVIDED TO TH		CAL EGORICALLY NEEDY		
21.	Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with §1920 of the Act).							
		Provided:		With limitations*				
	X	Not provided		No limitations				
22.	Respi	Respiratory care services (in accordance with §1902(e)(9)(A) through (C) of the Act).						
		Provided:		With limitations*				
	X	Not provided		No limitations				
23.	Pediatric or family nurse practitioners' services.							
	X	Provided:		Not Provided	X	With limitations*		

* D	Description provided on attachment.								
TNN	o. 93-04	Approval Date 01/03/94	Effective Date	06/16/93					
Super	rsedes		-	····					
TNN	lo. <u>N/A</u>		HCFA ID:	7986E					